## **State of South Dakota**



SECRETARY OF STATE

## Candidate's or Committee's Report of Receipts and Expenditures RECEIVED

Candidates and candidate committees: File in the office where PACs, political party, ballot question and other committees:	e you filed your nominating petition. File with Elections Department, Secretary of State's Office,	JUL - 3 2006
	500 E Capitol Ave., Pierre, SD 57501-5070	S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for sp	. 4	
Name of Candidate or Committee	1. Paul Dennert	
Complete Mailing Address //853 3	391 Ave Columbia S.D.	7433
Name of Person Making Report 11.12.11	Daytime Phone Number	605-396-2482
If you are a candidate, what office are you seek	sing? State House Dist 2	2
If you are a ballot question committee, indicate reporting period and whether the measure was		ed with during the
Type of Report (See pages 4 & 5 of Guideline	Book) Post Primary Recipts	+ Expenses
For Reporting Period Ending (See pages 4 & 5	of Guideline Book) 7-1-06	
		•••••
The following verification must be completed	before submitting report.	
VERIFICATION OF PERSON MAKING RE	PORT	·
I Heart Oemert this report and to the best of my knowledge an	(print name legibly), certify that d belief it is true, correct and complete.	I have examined
	andidate Signature or ignature of Committee Treasurer or Chairpers	on
Revised July 2001	2-1	
	Filed this 5 da	y of L
	$\frac{\cancel{\cancel{0}} \cancel{\cancel{0}} $	<u> </u>
	Man 110tara	

Name of Candidate or Com	nittee <u> 17: ೯ಒ೮ I</u>	Wenney!		
For the reporting period end	ling 7-1-0	06		
combine all contributions of \$100 or contributions on their respective line year from an individual or political p amount, name, address and place of	less from individuals and the same to s below and on the next page. Any contributions from PAC employment (if applicable) of the co	Contributions p a record of all contributors, but for the from political parties and enter these substitution of more than \$100 or aggre's must be entered as a separate item (intributor. Each type of contributor has you may attach additional sheets of parties.	ims as un egate dur itemized their ow	nitemized ing a calendar giving the
Unitemized Contributions from In	dividuals:		*\$	0
Itemized Contributions from Indi	viduals  Residence Address	Place of Employment (Name of Employer)		
			<b>s</b>	*
			, -	<del></del>
			³ –	
			\$ _	
			\$_	
			s -	<del></del>
			3 -	
			\$_	<del></del>
			\$	
			l s _	
			\$	<del>- · · · · · · · · · · · · · · · · · · ·</del>
			ļ	
			<b>)</b>	
			\$_	·
			\$_	
			\$	
			( –	
			\$ _	
			\$_	
	<u> </u>	1	\$	
			\$	
			•	·
			<b>_</b>	<del></del>
			3	
			\$ _	<del></del>
			\$_	
			\$	
			- s	
			- 1	•
			_ * _	
			*	
			\$	· · · · · · · · · · · · · · · · · · ·
E V V V Comment of the company	esti solli		\$	
<b>A</b> E			s _	
The company of the co	Appropriate States and the contraction of the states and the state		,	<del></del>
	$\sim$			<del>*., </del>
		<u> </u>	J \$	
Total of Itemized Contributions for	on Individuals:		*\$ _	<i>O</i>

5		Appendix B
Name of Candidate or Committee	H. Paul Dennert	
For the reporting period ending	7-1-06	
	Pirect Contributions (continued)	
Unitemized Contributions from Political Parties:		*\$
Itemized Contributions from Political Parties		
Party Name	Address	
		\$
		**************************************
		\$
Total of Itemized Contributions from Political Part		±¢
Total of Hemized Contributions from Political Part	es:	*\$
Itemized Contributions from Political Action Comm	nittees (PAC's) - All contributions from PAC's must be Address	e itemized.
Citi Grosp PAC	Hal Penyhania AV NW DC 20404	\$ _100.00
ACRE PAC	Po Box 1138 Pierre 5.0 5750	\$ 100.00
SIX PAC	PO Bux 212 " " "	\$ 250.00
Cotel PAC	PO Bux 57	\$ 100.00
	PO BOX 7017	\$ 50.00
SD Realtoris	AIM NEUCI. 3	\$ 250.00
SDEPIC SDAHO	3768 Brooks Phen S.F. S. D 57106	\$ 1000.00 \$ 500.00
SOC 15 H	PO 2 S E S D S 7 (0)	\$ <u>500.00</u> \$ 250.00
Street Union		\$
		\$
		\$
<del></del>		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**Total of Itemized Contributions from Political Action Committees:** 

Total of All Direct Contributions (Sum of all lines with an \*)

Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Nature of Non-Cash Contribution  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Name of Candidate or Committee:	H. Coul Dennext	· · · · · · · · · · · · · · · · · · ·
If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.    Separation	For the reporting period ending:	7-1-06	
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	List on this schedule fund-raising events held to rais	se money for the candidate and the net proceeds d	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Type or Name of Event		Net Proceeds
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Estimated Value  Fotal:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of contributor, residence address and place of employment must be reported.    Name, Residence Address & Place of Employment   Estimated Value	Total:	·	
Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	contributor, residence address and place of employs	ment must be reported.  Name, Residence Address &	1
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Nature of Non-Cash Contribution	Place of Employment	Estimated Value
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Total:	,	
Source of Income Amount			ution.
	Source of Income		Amount
	·		
		_	
Fotal:	Total:		

Name of Candidate or Committee:	H. Poul Dennert
For the reporting period ending:	7-1-06

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

	penses	Contributions Made to Candidates and Comn	
Item	Amount	Name of Candidate or Committee	Amount
Advertising	1695.09	Herseth For Congress	500.00
Consulting		Jack Billien	100.00
Postage		Ocass Weise	100.00
Printing	116.35	Bryce Healy	150.00
Rent		Steve Koiberk	100.00
Salaries		S.O + Brown Co Dem Party	785 0
<b>Felephone</b>			
Travel	103 56		
Utilities			
List other expense	List other expense		
items below	amounts below		
	<del></del>		
			<u></u>
<del> </del>			
· · · · · · · · · · · · · · · · · · ·			
			and the latest and th
· · · · · · · · · · · · · · · · · ·			
Total Expenditures			3650-00

or the reporting perio	od ending: 7-1-06	
	Schedule F - Debts and Oblig	gations
is schedule is to report all	of the candidate's campaign obligations which are unpage	aid at the end of the reporting period. If a service is a service in the reporting period.
s been contracted but not b	illed, estimate the amount of the obligation.	
wed to:	Purpose:	Amount
<u>, , , , , , , , , , , , , , , , , , , </u>		
<u> </u>		
<u> </u>		
·······		
	· · · · · · · · · · · · · · · · · · ·	
otal Obligations:		

H. Paul Dennert

Name of Candidate or Committee:

Na	me of Candidate or Committee:	11. Iaul Venner	
Fo	r the reporting period ending:	7-1-06	
	s summary sheet will give a brief outline of all can in the schedules previously completed.	Summary Page mpaign finance activity during this reporting pe	eriod. Please transfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting period:	\$ 5450.00
2.	Receipts		
	Schedule A - Direct Contributions	\$ 2600 00	
	Schedule B - Fund-Raising Events	\$	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$	
	Total of all Receipts	\$ <u>2600.00</u>	
3.	Total Monetary Receipts (A+B+D)		\$ 2600.00
4.	Candidate's Personal Contribution to Ov	vn Campaign	\$
5.	Monetary Loans to Candidate or Commi	ittee During Reporting Period	\$
6.	Monetary Loans Repaid During Reporti	ng Period	\$
7.	Expenditures - Schedule E		\$ 3650.00
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this report. This should equal lines (1+3+4+5) – (6+3)		\$ <u>4400.</u> 00

			* s * * *
			4
		·	